



# **State of Wisconsin Department of Administration**

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## **Administrator Guide to the State of Wisconsin Medical Leave & FMLA Application**

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## How to Access Leave Requests

1. Go to <https://fmla.wi.gov>
2. Enter your IAM in the User ID field and your password (this the same password you use to log into STAR)
3. Click **Sign In**

4. The following screen will be displayed. Click on **Medical Leave Coordinators** to access requests that have been submitted.
  - You must have the security role of **AM\_FMLA\_COOR** in the STAR Human Resources system to access the Medical Leave Coordinators section of this application.

5. All requests that are **NOT** in Denied, Closed or Withdrawn status within your row-level security as defined in STAR will appear on this page. For example, if you have regional security, you will see requests for your entire region. If you have agency or departmental security, you will see requests within the agency or department.

➤ Click on the **Archive** button to access requests in Denied, Closed, or Withdrawn status.

[Back to Home](#)

[Archive](#)

FMLA Requests

Search...

Q

Clear Filters

Agency Name	Department Name	Employing Unit	Employee Name	Request Status	FMLA Eligible	WI FMLA Eligi...	Employee ID	Submission Date...	Reason for Leave	Leave
Administration	DNR-HR Staff Class & Comp Sect	DOA DPM SOUTHWEST		New Request				07-01-2021	Parental	Block
Workforce Development	UI BEN OPS Adjctn Appleton 2	DWD UNEMP INS NOT IN SCHED 02		New Request				06-29-2021	Employee Illness	Interm
Natural Resources	WW Wetland Section	DNR CNTRL ADM PROG OFF MADISON		New Request				06-28-2021	Parental	Both
Workforce Development	DVR Milwaukee Burleigh Office	DWD DIV OF VOCATIONAL REHAB		New Request				06-28-2021	Family Illness	Interm

6. To review the details of the request, click anywhere on the row that contains the request.

[Back to Home](#)
[Archive](#)

FMLA Requests

Agency Name	Department Name	Employing Unit	Employee Name	Request Status	FMLA Eligible	WI FMLA Eligi...	Employee ID
Administration	DNR-HR Staff Class & Comp Sect	DOA DPM SOUTHWEST		New Request			
Workforce Development	UI BEN OPS Adjctn Appleton 2	DWD UNEMP INS NOT IN SCHED 02		New Request			
Natural Resources	WW Wetland Section	DNR CNTRL ADM PROG OFF MADISON		New Request			

## How to Navigate the FMLA Requests Page

The following fields are displayed on the FMLA Requests Page:

- Agency Name
- Department Name
- Employing Unit
- Employee Name
- Request Status
- FMLA Eligible
- WI FMLA Eligible
- Employee ID
- Submission Date
- Reason for Leave (Parental, Employee Illness, Family Illness, Service Member Care, Exigency)
- Leave Type (Block, Intermittent or Both)
- Leave Begin Date (earliest leave date if multiple leave types are requested)
- Leave End Date (latest leave date if multiple leave types are requested)
- Agency Name
- Department Name
- Assigned Coordinator

There are several tools available to help you navigate the FMLA Requests Page.

1. Click on any of the **header rows** to sort the information in either ascending or descending order.
  - For example, if you click once on the Employee Name header:

Employee Name	Request Status	Employee ID	S
Bak	Under Review		0
Der	Under Review		0

- The names will be sorted in alphabetical order and an arrow ↑ will appear in the column header to let you know that sorting is on that column.

Employee Name ↑	Request Status	Employee ID
Aiell	Under Review	10000
And	Under Review	10009

2. Click on the **filter icon** in any header row to filter on information in the column.

- Select the box(es) next to the information you want to filter and click the **Filter** button.

Date...	Reason for Leave	Leave Type	Begin Date
	Employee Illness	<input type="checkbox"/> Select All	01-08-2021
	Employee Illness	<input type="checkbox"/> Employee Illness	01-01-2021
	Employee Illness	<input checked="" type="checkbox"/> Parental	01-08-2021
	Parental	<input type="checkbox"/> Family Illness	03-31-2021
	Parental	<input type="checkbox"/> Service Member Care	12-17-2020
	Family Illness	<input type="checkbox"/> Exigency	12-23-2020
	Parental	<input type="checkbox"/>	04-22-2021
	Employee Illness	1 items selected	12-01-2020
	Parental	<input type="checkbox"/>	04-15-2021

- If you want to filter on dates, more options are available to you.

Submission Date...	Reason for Leave	Lea
01-07-2021		Bl
01-07-2021		Int
01-07-2021		Bl
01-07-2021		Bl
12-23-2020		Bl
12-23-2020		Bot
12-22-2020		Int
12-21-2020		Bl

- Click the **Clear Filters** button at the top right of the grid to clear all filters in place.

Search...

Reason for Leave	Leave Type	B
Employee Illness	Block	0

- The Search box allows you to search for an Employee ID only. When you type in the Employee ID, all requests associated with the Employee ID will display on the page.

Search... Enter Empl ID

Reason for Leave	Leave Type	B
Employee Illness	Block	0

## Reviewing and Accepting an FMLA Request

- From the FMLA Request grid, **click anywhere in the row** of the request that you would like to review.

Agency Name	Department Name	Employing Unit	Employee Name	Request Status	FMLA Eligible	WI FMLA Eligi...	Employee ID
Administration	DNR-HR Staff Class & Comp Sect	DOA DPM SOUTHWEST		New Request			
Workforce Development	UI BEN OPS Adjctn Appleton 2	DWD UNEMP INS NOT IN SCHED 02		New Request			
Natural Resources	WW Wetland Section	DNR CNTRL ADM PROG OFF MADISON		New Request			

- The following buttons will be displayed at the top of page:

- Extend or Modify** – do not use – this is for employees only to update the information in their request
  - Withdraw** – can be used by the employee or Medical Coordinator to withdraw the request
  - Check List** - brings you to the Coordinator Workspace page
  - Edit** – used by the Medical Coordinator to edit a request
  - Delete** – used by the Medical Coordinator to delete request – requests should only be deleted if it was a true error (i.e. duplicate request). If an employee no longer has need for FMLA they should use “Withdraw”
  - Audit Log** - will bring you to a log of all the different iterations of the request
  - Back to HR List** - will bring you back to your list of FMLA requests
- On this screen you may review all details of the request and upload files on behalf of the employee. The information on this page is exactly what the employee sees relative to their request.
    - Attachment Section** – you will see any documents the employee attached to their request. You are also able to attach documents here, but you may also attach documents from the HR Checklist.

Note: Maximum file size per document is 20Mb. Only PDF, JPG, JPEG, DOC, DOCX, XLS, and XLSX files are accepted.

Attachment Type: Employee Certification from Health Care Provider

Attachment: Select File

Upload Document

Title	File Name	Date Added
Employee Certification from Health Care Provider	FMLA Doctor Cert.pdf	12-10-2020
Eligibility Notice	EligibilityNotice_20210202195442531.pdf	02-02-2021
Designation Notice	DesignationNotice_20210202200804442.pdf	02-02-2021

- The following **attachment types** are available:
  - Employee Certification from Health Care Provider
  - Family Member Certification from Health Care Provider
  - Fitness for Duty Certification – Return to Work
  - Doctor’s Note
  - Military Certification/Orders
  - Non-FMLA Documents (e.g. Leave of Absence)
  - Other
- The following **file types** can be uploaded into the application:
  - PDF
  - JPG and JPEG (image files)
  - Word documents (.doc, .docx)
  - Excel documents (.xls, .xlsx)
  - .msg (Outlook files) – can be uploaded on the HR side of the application only
- **Employee Information Section** – this information is populated with information from STAR. The employee can update their Email, Phone Number and Home Address During Leave fields.
- **Information about Additional Jobs** – If an employee has more than one Empl Record, the additional jobs will be displayed.
- **Reason for Leave Section** – the employee can select only one option.

**Reason for Leave**  
(You should only select one option for Reason of Leave. If you have multiple, qualifying conditions for FMLA leave, please submit a separate request for each one.)

☐ Birth, Adoption, or Foster Care Placement.

☒ Employee's own serious health condition.

☐ To care for a family member with a serious health condition.

☐ To care for a covered military service member with a serious injury or illness.

☐ For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserved armed forces.

- **Leave Request Explanation Section** – this is the employee’s leave request explanation – 500 characters

**Leave Request Explanation**

When my own serious health condition flares up it prevents me from performing all essential job duties.

- **Dates of Leave Section** – the employee can enter a block of leave and/or intermittent or reduced work schedule leave. This section also includes a section to describe the requested intermittent leave or reduced work schedule – it can be up to 500 characters in length

Dates of Leave

You must enter your anticipated or actual dates of leave below. Check all that apply.

☐ A block of leave

Leave Start Date:

Leave End Date:

☒ Intermittent leave or reduced work schedule

Leave Start Date:

Leave End Date:

Please describe the requested intermittent leave or reduced work schedule below.

Unknown. Flare-ups are not predictable. On average lasting 0.5 to 3 days, 2 to 12 times per month.

- **Leave Usage Section** – the employee can check boxes next to the leave type(s) they want to use during their leave. This is informational only. The most recent leave balances from STAR auto-populate in this section.

## Leave Usage

What type(s) of leave do you plan on using during your FMLA-related absence?

Check all applicable leave type(s).      Leave balance as of 01-02-2021

<input type="checkbox"/> Sick Leave	Sick Leave Balance: 99.49269
<input type="checkbox"/> Vacation	Vacation Balance: 175
<input type="checkbox"/> Personal Holiday	Personal Holiday Balance: 36
<input type="checkbox"/> Legal Holiday	Legal Holiday Balance: 64
<input type="checkbox"/> Sabbatical	Sabbatical Balance: 0
<input type="checkbox"/> Comp Time	Comp Balance: 0
<input checked="" type="checkbox"/> Unpaid Leave	480

Enter the number of unpaid hours of leave you expect to use (if known).

Please note that using Unpaid Leave will reduce annual vacation balances and other paid leave amounts.

- **Submission Acknowledgement** – this section provides the name of the person who submitted the form and the submission date.
- You will see a **Submit Request** and an **Update** button on this page. This is because these buttons are also available to the employee. **DO NOT click these buttons.** If you need to make changes to the request, you will use the **Edit** button at the top of the page. See the [How to Edit a Request Section](#) of the job aid for details.

Submission Acknowledgment

**Submission Acknowledgment:** If this leave is approved, any absence from work will be charged against the Wisconsin and/or Federal FMLA entitlement; 2) Supporting FMLA documentation may need to be submitted; and 3) Entering your name below indicates your acknowledgement that the information provided in the application is true, to the best of your knowledge.

**Name of Person Submitting Request** Elizabeth [REDACTED]

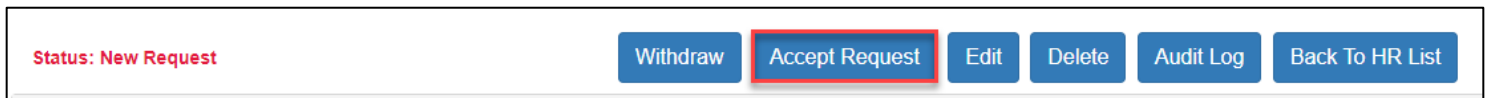
**Submission Date** 01-07-2021

Submit Request

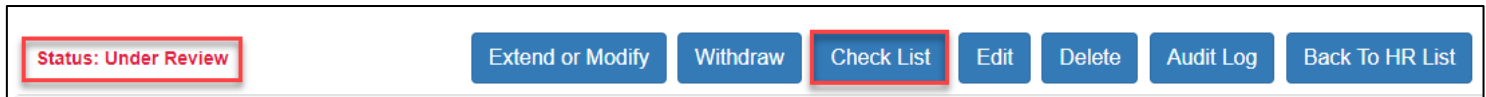
Leave



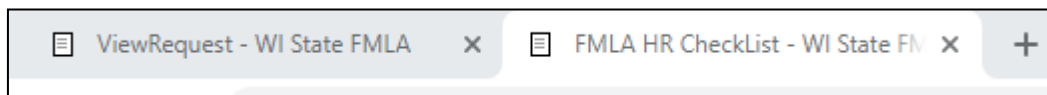
- If the request is in **New Request** status (the application status is displayed in the upper left of the page), click the **Accept Request** button at the top of the page to assign the request to yourself.



- Once you accept the request, the status of the request will change to **Under Review** and the buttons available at the top of the page will update. Click the **Check List** button to access the FMLA HR Checklist/FMLA Coordinator Workspace page.



- The FMLA checklist will open in a new tab and the original request will remain open in a separate tab in case you need to move between the two pages.



## Medical Coordinator Administrative Page (FMLA HR Checklist & FMLA Coordinator Workspace)

This is the administrative page where you go to create the notices along with reviewing eligibility requirements and other information.

### Accessing the Medical Coordinator Administrative Page

- You can access the page from a request that is in any status except Draft. If a request is in Draft status, the employee has not submitted the request yet, so the page is not available.
- Once you access an employee's request from the FMLA requests list, click on the **Check List button** at the top of the page to access the page.



- A new tab opens so that you may view the employee request details while the checklist is open.
- The **Request Status** appears at the top of page. This status is sometimes is updated automatically by the system and must sometimes be updated by the Medical Coordinator.
  - To manually update the Status, click on the **arrow** to select the applicable status and then click the **Update Status** button.

The screenshot shows the 'FMLA HR Check List' interface. At the top, there is a '< Back to Requests' button and a 'Status' dropdown menu. The dropdown menu is open, showing options: New Request, Under Review, Approved, Denied, Draft, Withdrawn, Change Request, Awaiting Documentation, Closed, and Agency Designation. The 'Approved' option is highlighted with a red box. To the right of the dropdown is an 'Update Status' button, also highlighted with a red box. Below the dropdown, there is a section for 'FMLA Coordinator' with a checked 'Documentation Re' checkbox, a 'Date Received' field, and a 'Med Cert Due Date' field. On the left side, there are fields for 'Refreshed As Of', 'QAS Data is Not Locked', and 'Employee Name'.

## Understanding Request Statuses

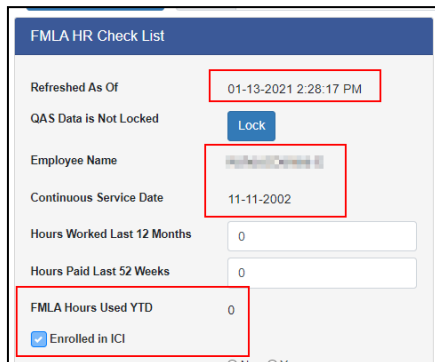
Status	Definition	How Updated
Draft	Request started but not submitted by the employee	Automatically assigned by the system when the employee saves their request
New Request	Request submitted by employee but not assigned to a Medical Coordinator	Automatically assigned by the system when employee submits their request
Under Review	Request is assigned to a coordinator and is under initial review	Automatically assigned by the system when coordinator "Accepts" request
Change Request	Employee uses the Extend/Modify button to make change to the original request after it has been accepted by the coordinator.	Automatically assigned by the system when employee submits a change request. The original coordinator is still assigned to the request, but the status is updated to Change Request.
Withdrawn	Employees submits a request to withdraw application	Automatically assigned by the system when employee withdraws their request.
Approved	Status once the request is approved and a Designation Notice has been created	Medical coordinator must manually update the status to Approved.
Denied	Status once the request has been Denied	Medical coordinator must manually update the status to Denied
Awaiting Documentation	Status when Medical Coordinator is awaiting any type of documentation. There is a report that monitors this, so it is recommended to update the status to this any time you are waiting for any type of documentation.	Medical coordinator must manually update the status to Awaiting Documentation
Agency Designation	Status when the agency designates the leave and checks the box next to Agency Designation in the FMLA Coordinator Workspace	Medical coordinator must manually update the status to Agency Designation
Closed	Status when the leave period is over, and all required documentation has been received	Medical coordinator must manually update the status to Closed

## FMLA HR Checklist

The FMLA HR Checklist is meant to help Medical Coordinators determine and document eligibility.

### Information from STAR

The following fields are pulled in from STAR:

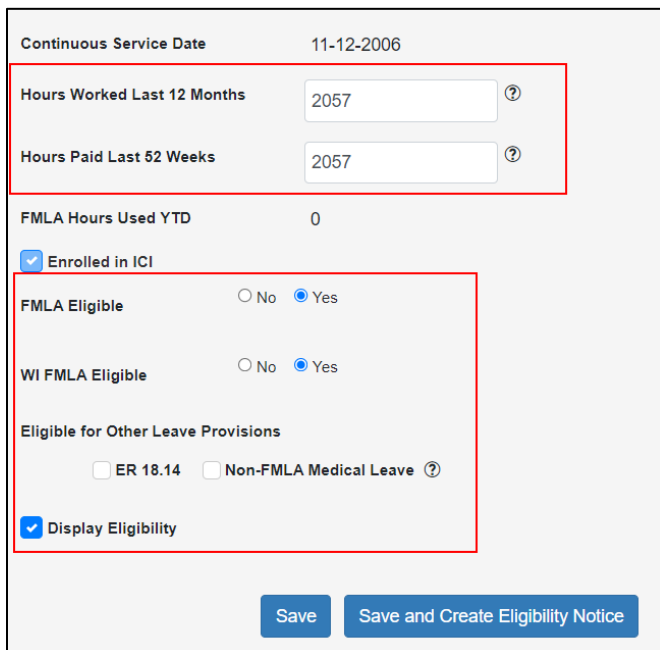


The screenshot shows the 'FMLA HR Check List' form. Fields pulled from STAR are highlighted with red boxes: 'Refreshed As Of' (01-13-2021 2:28:17 PM), 'Employee Name' (Employee Name), 'Continuous Service Date' (11-11-2002), 'FMLA Hours Used YTD' (0), and the 'Enrolled in ICI' checkbox (checked).

- Refreshed As Of – this is last time information was pulled from STAR
  - This information will refresh every time you access the check list. If you click the **Lock** button, the values will no longer refresh on the page.
- Employee Name
- Continuous Service Date
- FMLA Hours Used YTD (this will only pull in hours used that have been confirmed through payroll)
- Enrolled in ICI (if checked, the employee is enrolled in Income Continuation Insurance)

### Information Entered by Medical Coordinator

The remainder of the values in the FMLA HR Checklist must be manually completed.



The screenshot shows the 'FMLA HR Check List' form with fields entered by the Medical Coordinator. Fields entered are highlighted with red boxes: 'Hours Worked Last 12 Months' (2057), 'Hours Paid Last 52 Weeks' (2057), 'FMLA Hours Used YTD' (0), 'Enrolled in ICI' (checked), 'FMLA Eligible' (Yes), 'WFMLA Eligible' (Yes), 'Eligible for Other Leave Provisions' (ER 18.14 and Non-FMLA Medical Leave), and 'Display Eligibility' (checked). The 'Save' and 'Save and Create Eligibility Notice' buttons are at the bottom.

**Note:** Values entered in the Hours Worked and Hours Paid fields must be entered as whole numbers. Check the box next to **Display Eligibility** to display FMLA/WFMLA eligibility (either **Yes** or **No**) on all FMLA grids in the application.

## FMLA Eligibility Criteria

**Federal FMLA Eligibility Criteria:** One year of state service and must have worked (do not include leave codes) 1250 hours in the 12 months before the start of leave.

**Wisconsin FMLA Eligibility Criteria:** One year of state service and must have been paid (includes leave codes) 1000 hours in the 52 weeks prior to the start of leave.

## Calculating FMLA Eligibility

- Verify employee has at least one year of service from the **Continuous Service Date**.
  - If less than one year, run the WI\_HR\_PER\_ROSTER Query (See [Reports section](#)) as a double check
- In STAR, run the WI\_ABS\_TL\_HOURS\_FMLA Query to Excel

Job Business Unit	Dept ID	Employee ID
-------------------	---------	-------------

- If first day of leave for the request is 1/1/2021, your date inputs would be 1/1/2020 – 12/31/2020
- Filter the Time Reporting Codes (TRCs) needed for each category, total the hours, and enter the values in the fields on the page. Only whole numbers can be entered in these fields.
  - i. For hours paid, filter out any TRCs like “standby supplemental” or “holiday half hour paid”
  - ii. For hours worked, filter out all leave TRC’s

**If you determine the employee is eligible** for FMLA and/or WI FMLA, check the radio button next to **Yes**.

**If you determine the employee is not eligible** for FMLA and/or WI FMLA, check the radio button next to **No** and select the applicable reason.

FMLA Eligible ☒ No ☐ Yes

☐ Has not met 12-month (non-consecutive) length of service requirement

☒ Has not met requirement of working 1,250 hours in the 12 months preceding the requested leave date

☐ Has no FMLA time available in the current year for the FMLA reason requested.

WI FMLA Eligible ☒ No ☐ Yes

☐ Has not met 52-week consecutive length of service requirement

☒ Has not met requirement of being paid at least 1,000 hours in the 52-week period preceding the leave.

☐ Has no WI FMLA leave available in the current year for the FMLA reason requested.

Keep in mind that even if any employee is not eligible for FMLA, they may be eligible for other protected leave programs. If they are eligible for either leave program below, check the applicable box.

**Eligible for Other Leave Provisions**

☐ ER 18.14 ☐ Non-FMLA Medical Leave ?

## Eligibility Notice

1. Once you have determined FMLA eligibility and are ready to create your notice, check the **Display Eligibility** checkbox and click on the **Save and Create Eligibility Notice** at the bottom of the FMLA HR Check List.

☒ Display Eligibility

Save
 Save and Create Eligibility Notice

2. The Eligibility Notice needs to be provided to the employee 5 days after the request submission date. The following details are pre-populated on the form:

- Date Issued (today's date)
- Employee ID
- FMLA Request #
- Employee's Full Name
- Name of Family Member (if applicable)
- Coordinator's Name
- Reason for Leave (and anticipated date of delivery/placement if applicable)
- Eligibility Checkbox Selections (from the HR Checklist)

FAMILY AND MEDICAL LEAVE ACT (FMLA) NOTICE OF ELIGIBILITY, RIGHTS AND RESPONSIBILITIES		
PART A – NOTICE OF ELIGIBILITY		
This form only determines your eligibility for federal (FMLA) / Wisconsin (WFMLA) leave. Employees may be eligible for WFMLA and / or FMLA. <u>Your leave is not yet approved.</u> You will receive a separate notice of leave approval or denial once supporting documentation has been received and determined to be complete and sufficient.		
DATE ISSUED 01/13/2021	EMPLOYEE ID # 1000	FMLA REQUEST # SCHREBMGIF12/16/2020
TO (name of employee – Last, First, M.I.) Nicole Zimmer		
NAME OF FAMILY MEMBER (if applicable to leave request)		
COMPLETED BY (printed name and title) Nicole Zimm		
REASON FOR LEAVE (choose one):		
<input checked="" type="checkbox"/> Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: 12/31/2020 <input type="checkbox"/> Employee's own serious health condition. <input type="checkbox"/> To care for a family member with a serious health condition. <input type="checkbox"/> To care for a covered military service member with a serious injury or illness. <input type="checkbox"/> For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserve armed forces.		
THIS NOTICE IS TO INFORM YOU THAT:		
<input checked="" type="checkbox"/> 1. You <u>are</u> eligible for WFMLA. <input type="checkbox"/> 2. You <u>are not</u> eligible for WFMLA because: <input type="checkbox"/> You have not met the WFMLA 52-week consecutive length of service requirement. <input type="checkbox"/> You have not met the WFMLA requirement of being paid at least 1,000 hours in the 52-week period preceding the leave. <input type="checkbox"/> You have no WFMLA leave time available in the current year for the purpose for which you are requesting leave.		
<input checked="" type="checkbox"/> 3. You <u>are</u> eligible for FMLA. <input type="checkbox"/> 4. You <u>are not</u> eligible for FMLA because: <input type="checkbox"/> You have not met the FMLA 12-month (non-consecutive) length of service requirement. <input type="checkbox"/> You have not met the FMLA requirement of working 1,250 hours in the 12-months preceding the requested leave date. <input type="checkbox"/> You have no FMLA leave time available in the current year for the purpose for which you are requesting leave.		

3. The Medical Coordinator should then manually complete any fields needed in Part B and Part C of the form.

a. If a medical certification is needed, employees have 15 days from the date of notice to submit medical.

**PART B – EMPLOYEE RESPONSIBILITIES FOR TAKING FMLA LEAVE**

REQUIRED: As explained in Part A, you meet the eligibility requirements for taking WFMLA and / or FMLA leave and still have leave available in the applicable 12 month period. However, in order to determine whether your absence qualifies as WFMLA or FMLA leave, you must return the following documentation by:  You have fifteen (15) calendar days from receipt of this notice to submit the following documentation. If additional time is needed, you must contact Human Resources. If complete and sufficient documentation is not provided in a timely manner, your FMLA / WFMLA may be denied.

The following certification form that sets forth the information necessary to support your request is enclosed:

☐ Certification of Health Care Provider for Employee's Serious Health Condition (DOL WH-380-E)

☐ Certification of Health Care Provider for Family Member's Serious Health Condition (DOL WH-380-F)

☐ Other documentation needed or additional comments:

**PART C – EMPLOYEE RIGHTS UNDER FMLA / WFMLA**

If it has been determined that you are eligible for leave under WFMLA and / or FMLA leave, you will have rights under both laws when all conditions have been met as outlined in the Employee Responsibilities section of this form.

If your leave qualifies under WFMLA or FMLA, you may have the following rights:

- You have a right under FMLA for up to 12 weeks of unpaid leave in the calendar year.
- You have a right under WFMLA in each calendar year for up to:
  - 2 weeks of unpaid medical leave for your own serious health condition;
  - 2 weeks of unpaid family leave to care for your child, spouse, parent, parent "in-law", domestic partner, or domestic partner's parent with a serious health condition; and
  - 6 weeks of unpaid family leave for the birth of your child or adoption.
- You have a right under FMLA for military caregiver leave, up to 26 weeks of unpaid leave in a single 12-month period, to care for a current service member or covered veteran with a serious injury or illness. This single 12-month period commenced on
- OtherComments:

Your group health plan benefits will be maintained under the same conditions as if you continued to work while on FMLA. This includes continuing to make payments of your share of the group

4. Once the form is complete, click the **Finalize Eligibility Notice** button

a. If you do not want to finalize, click **Cancel** to go back

5. The following message will pop-up once the notice is created. Click OK.

Success

Notice successfully created.

6. The Eligibility Notice will populate in the Employee Files section of Additional Documentation. The form will also be visible to the employee.

Employee Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
Eligibility Notice	EligibilityNotice_20210113213515219.pdf	01-13-2021	<input type="checkbox"/>		<input type="button" value="Edit"/> <input type="button" value="Delete"/>

a. If you need to create a new notice to update information, you can click the **Save and Create Eligibility Notice** button again to create a new form.

7. If you indicated that documentation was required on the form, the checkbox next to **Documentation Required** and the **Med Cert Due Date** will be populated in the FMLA Coordinator Workspace section of the page.

The screenshot shows the 'FMLA Coordinator Workspace' header. Below it, the 'Documentation Required' checkbox is checked and highlighted with a red box. The 'Date Received' field is empty. The 'Med Cert Due Date' field is set to '01-28-2021' and is also highlighted with a red box.

- a. You should manually update the Status of the application to **Awaiting Documentation** in this situation.

The screenshot shows a 'Status' dropdown menu with 'Awaiting Documentation' selected. A blue 'Update Status' button is next to it. The entire area is highlighted with a red box.

8. If you have received medical, or none is required, go to the FMLA Coordinator Workspace to complete the request, and issue the Designation Notice.

## FMLA Coordinator Workspace

The FMLA Coordinator Workspace is used to help the Medical Coordinator track the request through all stages, as well as document several items.

The screenshot shows the full 'FMLA Coordinator Workspace' form. It includes the following sections:

- Documentation Required:** A checkbox that is unchecked.
- Date Received:** A date field set to '07-02-2021'.
- Med Cert Due Date:** A date field set to '07-06-2021'.
- Frequency Duration:** A section with a 'B' button and a text area containing 'Work 20 hours/week for 6 weeks'.
- Fitness for Duty Required:** A checkbox that is checked.
- Date Received:** An empty date field.
- On Probation:** An unchecked checkbox.
- Probation End Date:** An empty date field.
- Flag for Annual Recertification:** An unchecked checkbox.
- Agency Designation:** An unchecked checkbox with a question mark icon.
- Entitlement Added to PeopleSoft:** A checked checkbox.

At the bottom, there are two buttons: 'Save' and 'Save and Create Designation Notice'.



- **Documentation Required Checkbox** – originally populated from Eligibility Notice. You may uncheck this if nothing further is required. This box can be re-checked if additional information is received.
  - Date Received – Date Documentation Received
- **Med Cert Due Date** – originally populated from Eligibility Notice. You may update this field going forward if additional medical is required.
- **Frequency Duration** – originally populated from Designation Notice – Intermittent Leave. You may update this field if additional documentation is received.
- **Fitness for Duty Required Checkbox** - originally populated from Designation Notice. You may uncheck this if nothing further is required. This box can be re-checked if additional information is received.
  - Date Received – Date Fitness for Duty Received
- **On Probation Checkbox/Probation End Date Field** - if an employee is on probation, there are certain factors in which their probation could be extended due to an extended medical leave. Review an employee's probationary status in STAR (Human Resources>Person Profiles>Employee Status) and enter the information as applicable.

Effective Date 08/19/2018

Probation WIPROBATION

Position 306903

Probation Type 03

Probation End Date 08/18/2019

☐ Lengthened Probation

☐ Probation Extension Flag

☐ Probation Waive

☐ Did Not Complete Probation

[Probation Details](#)

- If on probation, click the On-Probation Checkbox and then enter the Probation End Date.
- Click the Flag for **Annual Recertification checkbox** if an employee will most likely need to submit a new request and medical documentation in the following year (i.e. Chronic Condition, intermittent leave approved for calendar year, etc.)
- Click the **Agency Designation checkbox** if you are issuing a Designation Notice/approving FMLA on behalf of an employee who has not provided medical documentation or initial notification.

### Designation Notice

After you receive sufficient information/documentation (i.e. Medical Certification), you have 5 days to issue the Designation Notice. If you were provided medical documentation at the time the request was submitted, or if none was required, you can complete the Designation Notice at the same as the Eligibility Notice.

1. Click on Save and Create Designation Notice in the FMLA Coordinator Workspace to generate the notice.

Save

Save and Create Designation Notice

2. The following details are pre-populated:



We received your most recent information on 01/12/2021 and determined:

☐ Your FMLA / WFMLA leave request is approved. All leave taken for this reason will be designated as FMLA / WFMLA leave. The FMLA / WFMLA requires that you notify the agency as soon as practicable if dates of scheduled leave change or are extended, or if initially unknown dates are now known. Based on the information you have submitted, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☐ If there is no deviation from your anticipated leave schedule, the following hours, days or weeks will be counted against your leave entitlement (FMLA / WFMLA may run concurrently):

☐ federal FMLA:  WFMLA:

☐ If your anticipated leave is unscheduled, the definite hours, days or weeks counted against your FMLA / WFMLA entitlement cannot be provided at this time.

☐ The following conditions / expectations pertain to your leave:

☐ Intermittent FMLA / WFMLA is certified for (e.g., frequency, duration, etc.):

10 hours per week for 4 weeks

☐ The certification you have provided is not complete and sufficient to determine whether the FMLA / WFMLA applies to your leave request. Unless it is not feasible under your circumstances, you must provide the following information by , or your leave may be denied. The information still needed to make the certification complete and sufficient is:

☐ The agency has acquired knowledge that your leave is related to a serious health condition covered under FMLA / WFMLA. The agency is required to designate your leave as FMLA / WFMLA, qualifying under ☐ FMLA ☐ WFMLA.

☒ You will be required to present a fitness-for-duty certification form to return to employment. If such certification is not received prior to your intended return to work date, your return to work may be delayed until certification is provided. Your position description ☐ is attached or ☐ was previously provided. The fitness-for-duty certification must address your ability to perform your job functions, list any restrictions, and the duration of those restrictions.

☐ The agency is exercising its right to have you obtain a second or third opinion from a qualified healthcare provider at the agency's expense, and will provide further details (as needed) at a later date.

☐ Your ☐ FMLA / ☐ WFMLA request has been denied, for the following dates: , for the following reason(s):

☐ You have exhausted your ☐ FMLA / ☐ WFMLA leave entitlement.

☐ Other comments related to your FMLA / WFMLA leave request:

- Date Issued (today's date)
- Employee ID
- FMLA Request #
- Employee's Full Name
- Coordinator's Name
- Any information entered in the FMLA Coordinator Workspace relative to date documentation received, the need for a fitness-for-duty certification form, text entered in the Frequency Duration text box.

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
DESIGNATION NOTICE**

It is the responsibility of the agency to designate leave as federal (FMLA), Wisconsin (WFMLA), or both, and to inform the employee of the amount of leave that will be counted against the employee's FMLA / WFMLA leave entitlements.

It is the responsibility of the employee to keep your supervisor / or scheduling office informed as to when your time off is attributable to FMLA leave and whether you are requesting to substitute any paid leave for unpaid leave. All other provisions of the agency's Attendance Policy are still in effect and you must continue to provide proper notice to your supervisor if you are unable to report to work.

DATE ISSUED 01/13/2021 EMPLOYEE ID # 100 FMLA REQUEST # LINDKRMF12/4/2020

TO (name of employee - Last, First, M.I.)

COMPLETED BY (printed name and title)  
Nicole Zimm

We received your most recent information on 01/12/2021 and determined:

☐ Your FMLA / WFMLA leave request is approved. All leave taken for this reason will be designated as FMLA / WFMLA leave. The FMLA / WFMLA requires that you notify the agency as soon as practicable if dates of scheduled leave change or are extended, or if initially unknown dates are now known. Based on the information you have submitted, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☐ If there is no deviation from your anticipated leave schedule, the following hours, days or weeks will be counted against your leave entitlement (FMLA / WFMLA may run concurrently):

☐ federal FMLA:  WFMLA:

☐ If your anticipated leave is unscheduled, the definite hours, days or weeks counted against your FMLA / WFMLA entitlement cannot be provided at this time.

☐ The following conditions / expectations pertain to your leave:

☐ Intermittent FMLA / WFMLA is certified for (e.g., frequency, duration, etc.):

10 hours per week for 4 weeks

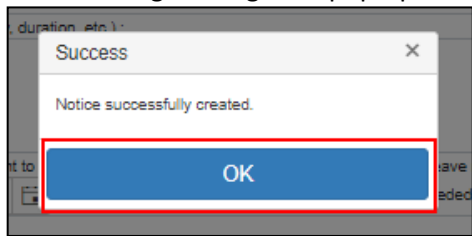
☐ The certification you have provided is not complete and sufficient to determine whether the FMLA / WFMLA applies to your leave request. Unless it is not feasible under your circumstances, you must provide the following information by , or your leave may be denied. The information still needed to make the certification complete and sufficient is:

☐ The agency has acquired knowledge that your leave is related to a serious health condition covered under FMLA / WFMLA. The agency is required to designate your leave as FMLA / WFMLA, qualifying under ☐ FMLA ☐ WFMLA.

☒ You will be required to present a fitness-for-duty certification form to return to employment. If such certification is not received prior to your intended return to work date, your return to work may be delayed until certification is provided. Your position description ☐ is attached or ☐ was previously provided. The fitness-for-duty certification must address your ability to perform your job functions, list any restrictions, and the duration of those restrictions.

- The Medical Coordinator must complete all other applicable fields on the form.
- Once the form is complete, click the **Finalize Designation Notice** button
  - If you do not want to finalize, click **Cancel** to go back

5. The following message will pop-up once the notice is created. Click **OK**.



6. The Designation Notice will populate in the Employee Files section of Additional Documentation. The form will also be visible to the employee.

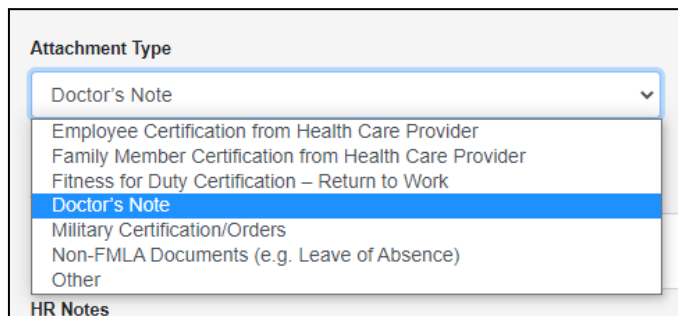
Employee Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
Designation Notice	DesignationNotice_20210212143537500.pdf	02-12-2021	<input type="checkbox"/>		 Edit  Delete
Eligibility Notice	EligibilityNotice_20210113213515219.pdf	01-13-2021	<input type="checkbox"/>		 Edit  Delete

7. Frequency Duration and the checkbox for Fitness for Duty Required will autofill to Workspace if completed in the Designation Notice.

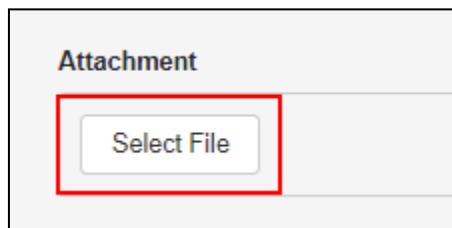
### Additional Documentation

Under Additional Documentation you may upload, edit, and delete files. You may also add and edit notes.

1. To add a file
  - a. Select the Attachment Type from the drop-down menu.



- b. Click the **Select File** button under Attachment.



- c. Select your file and click the **Upload Document** button.

Additional Documentation

Attachment Type

Doctor's Note

Attachment

Select File

FMLA Doctor Cert.pdf  
64.49 KB

Upload Document

- d. Any file the Medical Coordinator uploads will populate under HR Files and will NOT be visible to the employee.

HR Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
Doctor's Note	FMLA Doctor Cert.pdf	02-12-2021	<input checked="" type="checkbox"/>		<div>Edit</div> <div>Delete</div>

2. To add and manage notes:

- a. Type the next of the note in the Add a Note box and click the Save Note button

Add a Note

Spoke to employee and she will be changing the dates of her leave.

Save Note

HR Notes

- b. Once the note is saved, it will appear in the HR Notes section of the page.

HR Notes			
Description	Created On ↓	Created By	Actions
Spoke to employee and she will be changing the dates of her leave.	01-13-2021		<div>Edit</div>

- c. Another Medical Coordinator can NOT edit your note; however, you can edit your own note. Click on the **Edit** button to update the note. Once the note is updated, click the **Update** button to save your changes.

HR Notes

Spoke to employee and she will be changing the dates of her leave to 1/13 - 2/1/21

01-13-2021

Update

Cancel

3. Managing Employee and HR Files

- All files listed under Employee Files are visible to the employee
- All files listed under HR Files are only visible to the HR coordinator
- If you want to make a file under HR Files visible to the employee, click the **Edit** button

HR Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
Doctor's Note	FMLA Doctor Cert.pdf	02-12-2021	<input checked="" type="checkbox"/>	[Redacted]	<div>Edit</div> <div>Delete</div>

- i. Once you click the **Edit** button, the File Name and the HR Only checkbox are available for editing. Uncheck the HR Only checkbox to allow the employee to see the file. Click **Update** to save.

HR Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
<input type="text" value="Doctor's Note"/>	FMLA Doctor Cert.pdf	02-12-2021	<input type="checkbox"/>	Zimm, Nicole	<div>✓ Update</div> <div>Cancel</div>

- ii. Click on the **Refresh** icon under both Employee Files and HR Files to see the file move to the Employee Files section.

Employee Files					
File Title	File Name	Date Added	HR Only	Created By	Actions
Designation Notice	DesignationNotice_20210212143537500.pdf	02-12-2021	<input type="checkbox"/>	[Redacted]	<div>Edit</div> <div>Delete</div>
Doctor's Note	FMLA Doctor Cert.pdf	02-12-2021	<input type="checkbox"/>	[Redacted]	<div>Edit</div> <div>Delete</div>
Eligibility Notice	EligibilityNotice_20210113213515219.pdf	01-13-2021	<input type="checkbox"/>	[Redacted]	<div>Edit</div> <div>Delete</div>

1

5

items per page

1 - 3 of 3 items

Refresh

## Audit Log

When an update occurs on a request, the values of certain fields are saved to an audit table in the database. On this page you can view each time the request has been saved, and by whom.

1. Click the **Audit Log** button just above the FMLA Coordinator Workspace to access the log.

Update Status

Audit Log

FMLA Coordinator Workspace

2. Click on the **Details** button in any row to see the information in the request at a specific point in time.

[< Back to Request](#)

Audit Log

Updated By Name	Update Date	HR Review Status Name	Action
[Redacted]	1/13/2021 7:36 PM	Under Review	<a href="#" style="border: 1px solid red; padding: 2px 5px;">Details</a>
[Redacted]	1/13/2021 7:27 PM	Under Review	<a href="#" style="border: 1px solid #ccc; padding: 2px 5px;">Details</a>
[Redacted]	1/13/2021 7:27 PM	Under Review	<a href="#" style="border: 1px solid #ccc; padding: 2px 5px;">Details</a>

[<](#) [1](#) [>](#)

20 items per page

1 - 11 of 11 items

3. The following information is tracked within the Audit Log

Audit Log Details

**Updated By** [Redacted]

**Updated On** 1/13/2021 7:27 PM

**Status** Under Review

☐ Continuous Leave

☒ Intermittent Leave

**Reason For Leave Comments** testing testing testing

**Schedule of Leave Comments** 1-2 days per month

☒ Eligible For WI FMLA

☒ Eligible For Federal FMLA

☐ Documentation Required

☒ Fitness for Duty Required

**Med Cert Due Date**

**Frequency Duration** 10 hours per week for 4 weeks

**Continuous Leave Begin Date**

**Intermittent Leave Begin Date** 12/07/2020

**Continuous Leave End Date**

**Intermittent Leave End Date** 12/31/2020

**Date Received** 01-12-2021

4. Click on **Back to Request** to access original request.

[< Back to Request](#)

Audit Log

## Edit a Request

The Edit functionality allows you to both assign the request to a Medical Coordinator and to edit specific fields within the request.

1. Click on the **Edit** button at the top of the employee's request page to access the Edit page.

Status: Approved

[Extend or Modify](#)
[Withdraw](#)
[Check List](#)
[Edit](#)
[Delete](#)
[Audit Log](#)
[Back To HR List](#)

2. You may assign the request to another coordinator in your row level security, or you can assign a request to yourself from this dropdown menu.

**Assignment**

Assign to: Select...

3. You may edit contact info during leave.

**Employee Information**

Employee Name

Employee ID

Supervisor Name

Supervisor, Ima

Email Address During Leave

ima.employee@wisconsin.gov

Phone Number During Leave

(608) 555-4574

Extn.:

Home Address During leave

101 E Wilson St, Madison, WI 53706

4. You may edit the reason for leave and the dates of leave.

**Reason for Leave**

☐ Birth, Adoption, or Foster Care Placement

Anticipated or Actual date of delivery/placement is:

☒ Employee's own serious health condition.

☐ To care for a family member with a serious health condition.

Name of family member:

Relationship to family member:

☐ To care for a covered military service member with a serious injury or illness.

Name of service member:

Relationship to service member:

☐ For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserved armed forces.

Name of service member:

Relationship to service member:

**Dates of Leave**

☒ ContinuousLeave

Leave Start Date:

01-08-2021

Leave End Date:

01-22-2021

☐ Intermittent leave or reduced work schedule

Leave Start Date:

Leave End Date:

Please describe the requested intermittent leave or reduced work schedule below.

5. When changes are made to an employee's request, enter a comment that will be displayed to the employee.

Comment

If you changed any information, please leave a comment for the employee. This will be visible on the View FMLA screen. You can edit all comments on the Check List page.

Comment

- Click Save at the bottom of the page when edits are complete.

Cancel

Save

- The updates made will now be visible to the employee and to you on the employee's request.

Status: Approved

Extend or Modify

Withdraw

Check List

Edit

Delete

Audit Log

Back To HR List

Your request has been reviewed and approved. Please contact your Medical Coordinator if you have any questions.

**Note:** Maximum file size per document is 20Mb. Only PDF, JPG, JPEG, DOC, DOCX, XLS, and XLSX files are accepted.

Attachment Type

Attachment

Employee Certification from Health Care Provider

Select File

Upload Document

Title	File Name	Date Added
Eligibility Notice	EligibilityNotice_20210520140426812.pdf	05-20-2021

1

1 - 1 of 1 items

Notes

Notes from Medical Coordinator

Comment	Created On ↓	Created By
Dates modified based on information provided by the Medical Certification.	07-02-2021	Lind, Kaila R

1

1 - 1 of 1 items

## Delete a Request

If a request was made in error and should be deleted (deleted = there will be no record of the request in the FMLA application), you can do the following:

- Click on the employee's request from the FMLA Requests Grid.
- Click the Delete button on the top of the employee request page.

Accept Request

Edit

Delete

Audit Log

Back To HR List

- The following message will display. Click **Yes, Delete the Request** to continue.

Delete Confirmation

Are you sure you want to delete this request? This action will also delete all files and audit log history associated with the request.

Cancel

Yes, Delete this Request

4. You will be brought back to the FMLA Requests grid and **Record deleted** will display at the top of the page. There will no longer be any record of the request in the FMLA application.

Record deleted.

Back to Home

Archive

FMLA Requests

## Notifications

The assigned Medical Coordinator will receive a notice from the application in three situations – when an employee submits a Change Request, withdraws their application, and uploads a document to their request. The email will include the employee’s name, Employee ID and FMLA Request Number.

**Note:** There is no notification when an employee initially submits a request – the Medical Coordinator must review the requests in the application to identify new requests.

FMLA change request

N

noreply@wisconsin.gov

To: [Redacted]

Reply

Reply All

Forward

...

Mon 12/21/2020 9:35 AM

A change request for [Redacted], Dana A, 1000 [Redacted], GEHRMDXHKQ12/21/2020, was submitted in the FMLA web application.

FMLA withdrawal

N

noreply@wisconsin.gov

To: [Redacted]

Reply

Reply All

Forward

...

Thu 12/17/2020 3:05 PM

A request for [Redacted], Dana A, 1000 [Redacted], GEHRMDXHKQ12/14/2020, was withdrawn in the FMLA web application.

The email when a document is uploaded is slightly different from the 2 others. It lets you know what type of document has been uploaded and includes a link to the request. You must already be logged into the FMLA application when you click on the link. If you are not logged into the application, you will receive an error.





## Create a Request on Behalf of an Employee

1. Go to the Dashboard screen and click on Medical Leave & FMLA Request.



2. Enter an Employee ID and click **New Request**.



3. If you do not have the row level security to manage that user, you will see an error message. Otherwise, you will be redirected to the New Request screen where you may begin setting up the request. Please see the [Employee FMLA Quick Guide](#) for reference.
4. When the request is complete, select **Review and Submit**. You will be brought to the submission page. Scroll to the bottom to complete the **Submission Acknowledgement**.
  - a. Under Name of Person Submitting Request, enter your name followed by "on behalf of employee."
  - b. Click the **Submit Request** button

Submission Acknowledgement

Submission Acknowledgement: If this leave is approved, any absence from work will be charged against the Wisconsin and/or Federal FMLA entitlement; 2) Supporting FMLA documentation may need to be submitted; and 3) Entering your name below indicates your acknowledgement that the information provided in the application is true, to the best of your knowledge.

Name of Person Submitting Request

Your Name - on behalf of employee
Submission Date 01-22-2021

Submit Request

Update

5. Once the request is submitted, you will receive a message that the request was submitted successfully at the top of the screen.
  - a. You can then click on the Accept Request button to assign the request to yourself.

Request Submitted Successfully. Your Medical Leave Coordinator will be in contact.

Status: New Request

Withdraw

Accept Request

Edit

Delete

Audit Log

Back To HR List

## Reports

### Medical Leave & FMLA System Reports

Reports are accessed by clicking on the drop down next to Reports in the upper right of the banner on any page in the application.

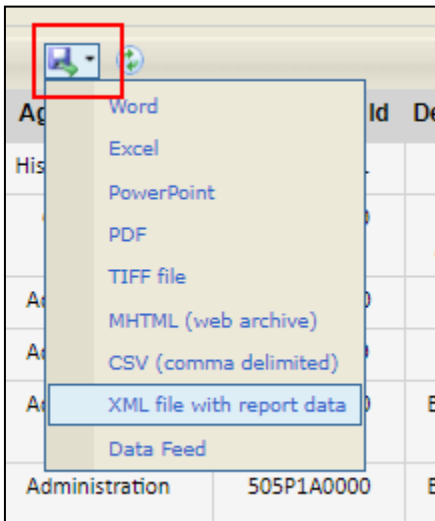
Reports

Upcoming EndDate Report
Awaiting Documentation Report
Fitness For Duty Report
Intermittent Leave Report
Block Leave Report
Status/Reason Report
Leave Requests Per Year Report
Annual Recertification Report
Employee Leave Request History Report
Deleted Documentation Report
Documentation Upload Report

Once you click on a report, you can select your criteria at the top of the page (if you need to update it) and then click the **View Report** button on the far right of the page (you will likely need to scroll all the way to the right to see the **View Report** button).

View Report

You can also download your report into Excel or a variety of other formats by clicking on the download button on the report page.



Review the following reports as needed or on a scheduled basis:

### Upcoming End Date Report

**Run:** Weekly, Biweekly, Monthly

**Use:** Identify requests with an upcoming end date in the next 7, 14 or 30 days. Request that do not need to be extended will need have their statuses updated to “Closed”.

### Awaiting Documentation Report

**Run:** Daily, Weekly

**Use:** This report will be used to quickly identify requests that are awaiting documentation. The request must be in Awaiting Documentation status to appear on this report.

### Fitness for Duty Report

**Run:** Weekly, Monthly

**Use:** To identify individuals who may be returning from leave that require a Work Release. The “Fitness for Duty Required” checkbox in the FMLA Coordinator Workspace must be checked on the request to appear on this report.

### Intermittent Leave Report

**Run:** Monthly

**Use:** Cross reference FMLA used in STAR with the Frequency Duration within the request. The employee’s FMLA leave balance and FMLA hours used to date are included in this report.

## Block Leave Report

**Run:** Per Pay Period

**Use:** Cross reference FMLA entered on employee's timesheet in STAR. The employee's FMLA leave balance and FMLA hours used to date are included in this report.

## Status/Reason Report

**Status Reason Report**

Leave Reason: All Application Status: All

Begin Date: [Calendar Icon] [X] NULL End Date: [Calendar Icon] [X] NULL

Business Unit: All

1 of 2 Find | Next

Last Name	First Name	Employee ID	Supervisor Name	Agency Name	Department Id	Department Name	Reason for Leave
-----------	------------	-------------	-----------------	-------------	---------------	-----------------	------------------

**Run:** As needed

**Use:** For internal reporting. Can search by Leave Reason, Application Status, a date range and by Business Unit. Uncheck the boxes next to "Null" in the date search to enter a specific date range.

## Leave Requests Per Year Report

**Run:** Annually or On Demand

**Use:** Can be used to count active FMLA cases at a specific point in time and/or count total FMLA cases for a specific year.

## Annual Recertification Report

**Run:** Annually (mid-November)

**Use:** Identify those who may need FMLA in the upcoming year. The "Flag for Annual Recertification" checkbox must be checked in the FMLA Coordinator Workspace on the request to appear on this report. Send reminder email for recertification.

## Employee Leave Request History Report

**Run:** As Needed

**Use:** See all requests pertaining to a specific employee. Will be able to see requests outside of row-level security.

## Deleted Documentation Report

**Run:** Monthly

**Use:** This report is used to identify documents that have been deleted from an employee's request. You can search by Empl ID by unchecking the box next to NULL or you can run the report wide-open so everyone within your security appears on the report.

## Deleted Documentation Report

EMPLID  ☒ NULL Business Unit

1 of 1 Find | Next

### Documentation Upload Report

**Run:** Daily, Weekly

**Reminder:** The assigned coordinator will also receive an email when an employee uploads a document to a request.

**Use:** To identify documents that employees have uploaded to their Requests. Documents uploaded by the Medical Coordinator, with the exception of the Eligibility and Designation Notices, will also populate on this report. Uncheck the boxes next to NULL to search by Empl ID or a date range.

## Documentation Upload Report

EMPLID  ☒ NULL Business Unit

Begin Date  ☒ NULL End Date  ☒ NULL

### STAR Human Resources HCM Reports

To access reports and queries with STAR, select the navigator button on the top right corner. Select Reporting Tools.

NavBar: Navigator

- State of Wisconsin (STAR)
- Self Service
- Manager Self Service
- Workforce Administration
- Benefits
- Time and Labor
- Payroll for North America

### STAR Report Search

Report Manager  
Query Viewer  
Process Monitor

Report Type:

Description:

Report Filter:  Added within last  days

STAR Report ID	Report Type	Scope	Report Description	Process Name
1 HCM0000058	PS Query	Enterprise	Assigned FMLA Entitlement	WI_ABS_FMLA_ASSIGNED
2 HCM0000059	PS Query	Enterprise	FMLA Eligibility - Combined Work and Leave Hours	WI_ABS_TL_HOURS_FMLA
3 HCM0000071	Report	Enterprise	FMLA Taken Report	WI_FMLA_TKN

STAR Report Search will display. Enter **FMLA** in the Reporting Group. Click **Search**.

### WI\_ABS\_FMLA\_ASSIGNED Query

**Run:** Monthly, As Needed

**Use:** Lists employees who were assigned an FMLA entitlement within a specified date range. Can be used to audit active requests with current entitlements.

### WI\_ABS\_TL\_HOURS\_FMLA Query

**Run:** As needed

**Use:** To determine FMLA eligibility. Lists combined absence and time and labor hours for a specific employee for a specific date range.

### WI\_FMLA\_Taken Report

Run: Per Pay Period, Monthly, As needed

Use: This can be run for audit purposes, as well as a “big picture” for a specific employee.

### WI\_HR\_PER\_ROSTER\_QRY Query

Run: As needed

Use: For employees a continuous service date less than one year, run this query to determine if an employee has any other State Service that is not captured in STAR.

## Entering FMLA Entitlements and Takes in STAR (PeopleSoft)

1. **Navigation:** Workforce Administrator Homepage – Payroll Dashboard – Absence Management Tile – Maintain Absences Folder – Assign Entitlements and Takes Page. Enter the Empl ID and click Search.

**Maintain Absences**

- Absence Event
- Create and Maintain Absences
- Assign Entitlements and Takes**
- Adjust Absence Balances
- Review Absences
- Leave Donations
- Employee Data
- Reports & Queries
- Time & Labor
- Payroll Processing

**Assign Entitlements and Takes**

Enter any information you have and click Search. Leave fields blank for a list of all values.

**Find an Existing Value**

**Search Criteria**

Empl ID begins with

Empl Record =

Name begins with

Last Name begins with

Second Last Name begins with

Alternate Character Name begins with

Middle Name begins with

☐ Case Sensitive

Limit the number of results to (up to 300):

**Search** **Clear** [Basic Search](#) [Save Search Criteria](#)

2. You will be brought to this screen. Keep in mind that if an employee has been approved for FMLA in preceding years, these entries will be displayed. **DO NOT CHANGE OR DELETE PRIOR YEAR ENTRIES.**

**Assign Entitlements and Takes**

Employee ID  Empl Record 0 Name

As Of Date 01/14/2021

**Refresh**

**Element Override List**

**Elements**  Unit Element  Generation Control

Element Type	Element Name	Description	Active	Begin Date	End Date		
<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	+	-

**Save** **Return to Search** **Notify** **Refresh**

**Note:** If an employee has a previously entered FMLA entitlement in the current year, you may need to Refresh the *As of Date* to 12/31 of the current year for the entitlement to be displayed.

3. On Elements Tab
  - a. Enter Element Type = Absence Entitlement
  - b. Enter Element Name = WI\_FMLA

- c. Make sure the box under Active is checked
- d. Enter the Begin Date. This is either 1-1-XXXX of the year, or the 1<sup>st</sup> day of the pay period the leave starts.
- e. Enter the End Date. This is either 12-31-XXXX of the year, or the last day of the pay period the leave ends.
  - i. If the leave crosses years, you must enter a 12-31-XXXX end date and then add a new row for the following year.
- f. Then, add a row by clicking on the “+” button.

Element Type	Element Name	Description	Active	Begin Date	End Date		
Absence Entitlement	WI_FMLA	FMLA	<input checked="" type="checkbox"/>	01/01/2021	12/31/2021	+	-

- g. Enter Element Type = Absence Take
- h. Enter Element Name = WI\_FMLA\_TK
- i. Make sure the Active box is checked
- j. Enter the Begin and End Date. These dates should match the entitlement.

Element Type	Element Name	Description	Active	Begin Date	End Date		
Absence Entitlement	WI_FMLA	FMLA	<input checked="" type="checkbox"/>	01/01/2021	12/31/2021	+	-
Absence Take	WI_FMLA_TK	Family Leave Act	<input checked="" type="checkbox"/>	01/01/2021	12/31/2021	+	-

#### 4. Go to the Unit Element Tab

- a. Enter Unit Element Type = Numeric
- b. Element Name – Unit = LEAVE BLANK
- c. Enter Entitlement Unit = Eligible Number of Hours

**CAUTION:** 480 hours is the standard entitlement, but an employee may be entitled to a different amount based upon their FTE, number of work hours in the 12-month look back period, or the interaction between state and federal FMLA.

- d. Enter Frequency = Calculate Per Pay Period
- e. Frequency ID = LEAVE BLANK

Element Type	Element Name	Unit Element Type	Element Name - Unit	Entitlement Unit	Frequency	Frequency ID		
Absence Entitlement	WI_FMLA	Numeric		480	Calculate Per Pay Period		+	-
Absence Take	WI_FMLA_TK						+	-

#### 5. On Generation Control Tab

- a. Enter Generation Control Option = Specified Generation Control

b. Enter Generation Control = WI\_FMLA\_GC

Element Type	Element Name	Generation Control Option	Generation Control	Description		
Absence Entitlement	WI_FMLA	Specified Generation Control	WI_FMLA_GC	FMLA Generation Control	+	-
Absence Take	WI_FMLA_TK				+	-

Buttons: Save, Return to Search, Previous in List, Next in List, Notify, Refresh

c. Click **Save**

6. Once the FMLA entitlement and take is entered in STAR, go into the employee's request within the FMLA application and click on the **Check List** button to access the FMLA Coordinator Workspace.

a. Check the box next to **Entitlement Added to PeopleSoft**

b. Click **Save**

☐ Flag for Annual Recertification  
☐ Agency Designation (?)  
☒ Entitlement Added to PeopleSoft

Buttons: Save, Save and Create Designation Notice

### A few notes about entering FMLA

- **FMLA Entitlement Entry for Employees with Multiple Jobs:** If an employee has active multiple jobs and plans to use FMLA for hours not worked in more than one job, you will need to split the total WI\_FMLA entitlement across the eligible jobs (and enter the applicable FMLA takes on all eligible jobs). The total number of FMLA hours used across all jobs can't exceed the total annual FMLA entitlement.
  - **Remember to always attach the leave entitlement to the correct Empl Record**
- If there are multiple FMLA requests for the same timeframe, you only need to enter one entitlement and take – it will apply to all FMLA leave for that time period.
- You can modify dates and entitlement hours at any time.
- Never DELETE previous or current year FMLA entries.

### Entering FMLA on Behalf of an Employee in STAR (PeopleSoft)

In order to access this page, you must have the AM\_SPECIALIST core user role. If you cannot access this page, you may need to request assistance from payroll staff.

1. **Navigation:** Workforce Administrator Homepage – Payroll Dashboard – Absence Management Tile – Maintain Absences Folder – Create and Maintain Absences Page. On Absence Detail tab:
  - a. Enter Employee ID
  - b. Verify Empl Record – System will default to 0.
  - c. Enter Start Date and End Date – You may leave end date blank for one day absences (system autofills)



d. Enter Absence Name and Reason

**Create and Maintain Absence Requests**

Search

Absence Requests

Absence Detail | Partial Days | Additional Information | Override | Process | Forecast | Comments | Demographic

Select	HR Status	*Employee ID	Name	Empl Record	Job Title	Calendar Group ID	*Start Date	*End Date	*Absence Name	Reason	Duration
<input type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Copy Absence | Delete

Comments

Submission Options

Submit | Forecast

e. Duration will automatically populate based on the dates entered, and the employee's system work schedule.

2. Scroll all the way to the right to find the "+" button to add more rows. You will need at least one additional row for the FMLA entry. Employees may also want to use additional leave types; you can enter them all at the same time.

wi-phrfix.wi.gov says

Enter number of rows to add:

OK | Cancel

1-1 of 1 | View All

Calendar Group ID	*Start Date	*End Date	*Absence Name	Reason	Duration	Balance	Original Begin Date	Entry Source	Forecast Value	Status	Void
	01/15/2021	01/22/2021	Sick Leave	Sick - Er	48 Hours	480.00 Hours				New	<input type="checkbox"/>

+

3. Repeat Step 1 for all leave entries. If Partial Days are required, click on the Partial Day tab to enter details

Absence Requests

Absence Detail | Partial Days | Additional Information | Override | Process | Forecast | Comments | Demographic

Select	Duration	All Days	Start Day Hours	Start Half Day	End Day Hours	End Half Day
<input type="checkbox"/>	44 Hours	<input type="checkbox"/>	<input type="text" value="4.00"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

+

4. Once all leave entries are complete, make sure the dates and duration of your FMLA entry matches the other leave entries.

Absence Detail | Partial Days | Additional Information | Override | Process | Forecast | Comments | Demographic

Select	HR Status	*Employee ID	Name	Empl Record	Job Title	Calendar Group ID	*Start Date	*End Date	*Absence Name	Reason	Duration
<input type="checkbox"/>	Active	<input type="text"/>		<input type="text"/>			01/15/2021	01/22/2021	Sick Leave	Sick - Er	44 Hours
<input type="checkbox"/>	Active	<input type="text"/>		<input type="text"/>			01/25/2021	01/29/2021	Vacation	Leave in	40 Hours
<input type="checkbox"/>	Active	<input type="text"/>		<input type="text"/>			01/15/2021	01/29/2021	Family Le	Self	84 Hours

5. Finalize the Leave Entries

- a. Select each line or Select All

**Absence Requests**

☒ Absence Detail
 ☐ Partial Days
 ☐ Additional Information
 ☐ Override
 ☐ Process
 ☐ Forecast
 ☐ Comments

Select	HR Status	*Employee ID	Name	Empl Record	Job Title
<input checked="" type="checkbox"/>	Active	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	Active	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	Active	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>

Comments

b. Click **Forecast**. You will see the following pop up. Click **Yes**.

In order to provide accurate Forecast Results, the system will save the all Absence Requests. Would you like to continue?

c. Reselect Entries. Then, click **Submit**. If successful, you will see this message. Click **OK**.

Selected Absence Requests were successfully submitted. (0,0)

6. If you run into errors, select the arrow next to Search at the top of the page to verify the leave entries are in the date range.

a. You can also search by employee ID to see other absences the employee has already entered

**Create and Maintain Absence Requests**

Work Flow Status

From Date

Employee ID

Absence Name

Through Date

Employee Record

## Resources

[FMLA Toolkit \(DPM website\)](#)

[HR Handbook Chapter 724 – Family and Medical Leave](#)

## Appendix: Template Communications

The following are templates you can use to reach out to employees when you roll-out the application, as well as templates you can use for different situations during the FMLA request process.

### FMLA System Launch Email

**Subject:** Introduction the new FMLA & Medical Leave System

**Message:**

Hello!

You are receiving this email because you have identified a current or upcoming need for FMLA & Medical Leave. As your Medical Leave Coordinator, I am excited to announce that DET, in collaboration with the enterprise FMLA Workgroup, has developed and launched an electronic State of Wisconsin FMLA & Medical Leave System. As of [Launch Date], all current and future FMLA & Medical Leave requests will be administered through the system.

#### **What does this mean?**

You will have access to request, edit, and view your FMLA & Medical Leave requests as well as upload and view all documents associated with your request.

#### **What do you need to do?**

- Log into the new system using the link below. Your login and password are the same logins as PeopleSoft.
- Follow the step-by-step instructions in the [FMLA System Employee Quick Guide](#).
- You will receive follow up communication after your request has been reviewed to let you know if your request is approved or if further information is required.

State of Wisconsin FMLA & Medical Leave System: <https://fmla.wi.gov>

Keep in mind that this system maintains confidentiality and only the Medical Leave Coordinators have access to view your requests. Please let me know if you experience any system issues or have any other questions or concerns.

### Medical (FMLA) Leave Templates

#### Inquiry

Thank you for your inquiry. You may be entitled to FMLA & Medical Leave benefits:

- Federal FMLA - up to 12 weeks\*
- Wisconsin FMLA - up to 2 weeks\*
- Agency Medical Leave - for employees who are not eligible or have exhausted FMLA.

\*Leave programs run concurrently, and while these leave programs are technically unpaid, you may use any accrued leave balances, including sick leave.

Please login into the [FMLA & Medical Leave system](#) to:

1. Submit your request(s).
2. Upload the completed Certification of Health Care Provider ([Employee](#) or [Family Member](#)). This may also be sent directly to the Medical Leave Coordinator by email [include email] or fax [include faxnumber].

See the [FMLA System Employee Quick Guide](#) for step-by-step FMLA Application instructions. Further information on FMLA & Medical Leave can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. Please let me know if you have any other questions.

Thanks,

#### Eligibility – Medical Certification Required

Your request for medical leave has been received, but is not yet approved, as we are still waiting on the Medical Certification which is due by [Due Date].

Please login into the [FMLA & Medical Leave system](#) to:

- View the status and details of your current request, including your Eligibility Notice.
- Upload the completed Certification of Health Care Provider ([Employee](#) or [Family Member](#)). This may also be sent directly to the Medical Leave Coordinator by email [include email] or fax [include fax number].

See the [FMLA System Employee Quick Guide](#) for step-by-step FMLA Application instructions. Further information on FMLA & Medical Leave can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. Please let me know if you have any other questions.

Thanks,

#### Approval

**TO: Employee; CC: Supervisor – Remove bullet points that do not pertain to the situation. (i.e. Intermittent Leave – you only need: Absence, Notification, etc.)**

Your request for [Leave Type] medical leave for your [Self or Family serious health condition] is approved from [Start Date] to [End Date] based on the information provided in the Certification by Health Care Provider. [Include Frequency Duration Details]

Please login into the [FMLA & Medical Leave system](#) to:

- View the status and details of your approved request.
- View/download all documents associated with your request, including your Eligibility and Designation Notices.
- If applicable, request a modification or extension to your request. See page 3 of the [FMLA System Employee Quick Guide](#)

Here is some additional information and instructions that pertain to your approved leave:

- **Absences.** You may use any accrued paid leave type or Leave without Pay (LWOP). Please note that use of LWOP impacts the number of sick leave hours earned and accrued annual leave, including legal holidays. These absences must also be entered as FMLA. This is a two-step process in PeopleSoft. Please refer to the [FMLA System Employee Quick Guide](#) for full instruction.
- **Notification.** You must notify your supervisor, in advance, of any scheduled appointments. If your absence is due to a flare-up episode, please follow your unit's normal call-in procedures to notify your supervisor and specify the absence is due to FMLA.
- **Insurance.** Your insurance(s) will continue while you are on leave. If you are receiving a full or partial paycheck, your premiums will continue to be deducted from your paycheck.

Please contact [Agency/Region Contact] for questions about benefits or to discuss prepayment or personal check options.

- **Filing an ICI Claim?** Please refer to ETF Instructions: [Claim Filing Instructions for ICI Benefits](#)
- **Return to Work.** You **must** provide a Work Release before you will be able to return to work at any capacity (alternate duty, working remotely, etc.). A work release must include: a return to work date, if there are any restrictions, and a next evaluation date. Acceptable Work Release: Dr. Note, Clinic From, or [Fitness for Duty Certification](#) , etc.

You may upload your work release directly in the FMLA & Medical Leave system, or it may also be sent to the Medical Leave Coordinator by email [include email] or fax [include fax number].

If you have questions or need assistance, please let me know.

Thanks,

Agency Designation

**TO: Employee; CC: Supervisor**

We received notification from [your supervisor] that you are/were out for medical purposes. As such we are designating your leave as FMLA beginning [Date]. Federal FMLA entitles you to 12 weeks (480 hours) of leave. Wisconsin FMLA entitles you to two (2) weeks (80 hours) of leave. The Federal and Wisconsin FMLA leave run concurrently and entitle you to a total of 12 weeks, or 480 hours, of FMLA leave in a calendar year (January to December).

To review the status and details of your request, please login into the [FMLA & Medical Leave system](#) to:

- View/download all documents associated with your request, including your Eligibility and Designation Notices.
- Request a modification or extension to your request, if applicable. See page 3 of the [FMLA System Employee Quick Guide](#)

Here is some additional information and instructions that pertain to your approved leave:

- **Absences.** You may use any accrued paid leave type or Leave without Pay (LWOP). Please note that use of LWOP impacts the number of sick leave hours earned and accrued annual leave, including legal holidays. These absences must also be entered as FMLA. This is a two-step process in PeopleSoft. Please refer to the [FMLA System Employee Quick Guide](#) for full instruction.
- **Notification.** You must notify your supervisor, in advance, of any scheduled appointments. If your absence is due to a flare-up episode, please follow your unit's normal call-in procedures to notify your supervisor and specify the absence is due to FMLA.
- **Insurance.** Your insurance(s) will continue while you are on leave. If you are receiving a full or partial paycheck, your premiums will continue to be deducted from your paycheck.

Please contact [Agency/Region Contact] for questions about benefits or to discuss prepayment or personal check options.

- **Filing an ICI Claim?** Please refer to ETF Instructions: [Claim Filing Instructions for ICI Benefits](#)
- **Return to Work.** You **must** provide a Work Release before you will be able to return to work at any capacity (alternate duty, working remotely, etc.). A work release must include: a return to work date, if there are any restrictions, and a next evaluation date.

You may upload your work release directly in the FMLA & Medical Leave system, or it may also be sent to the Medical Leave Coordinator by email [include email] or fax [include fax number].

If you have questions or need assistance, please let me know.

Thanks,

#### Exceed Approved FMLA

You are receiving this email because you have been approved for intermittent Family & Medical Leave (FMLA) for [your own or family member's] medical condition for [Frequency Duration]. However, you have exceeded the allowable number of absences according to the current medical certification.

In order for the exceeded absence(s) to be considered as protected under FMLA, you must provide an updated [Medical Certification for Serious Health Condition](#) by [Due Date].

Required forms can be submitted in the following ways:

- **Direct Upload:** [FMLA & Medical Leave System](#)
- **Email:** Agency/Region Email
- **Confidential Fax:** Agency/Region Fax

If the updated certification is not received, your exceeded absence(s) listed above, and any absences exceeding your current Certification of Health Care Provider in the future, will not be covered under FMLA.

Further information on FMLA & Medical Leave can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. Please let me know if you have any other questions.

Thanks,

#### Denied

##### *Medical Certification Not Received*

The medical certification required to support your FMLA request was not received within the required timeframe. As such, we do not have sufficient information to designate your leave as FMLA and therefore, your request has been denied.

Please login to the [FMLA & Medical Leave system](#) to:

- View the status and details of your denied request.
- View/download all documents associated with your denied request, including your Eligibility and Designation Notices.
- Upload the completed Certification of Health Care Provider ([Employee](#) or [Family Member](#)) if leave is still needed. This may also be sent directly to the Medical Leave Coordinator by email [include email] or fax [include fax number].

See the [FMLA System Employee Quick Guide](#) for step-by-step FMLA Application instructions. Further information on FMLA & Medical Leave can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. Please let me know if you have any other questions.

Thanks,

## Parental (Birth) Leave

### Inquiry

Congrats on the upcoming addition! You may be entitled to Parental Leave benefits:

- Federal FMLA - up to 12 weeks\*
- Wisconsin FMLA - up to 6 weeks\*
- ER 18.14(2), Wis. Adm. Code - up to 6 months\*

\*All leave programs run concurrently. And while these leave programs are technically unpaid, you may use any accrued leave balances, including sick leave.

Please login to the [FMLA & Medical Leave system](#) to submit your request about 1-2 months prior to the start of your leave.

Further information on FMLA can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. You can also visit ETF's web page for [Life Changes - Birth, Adoption, or Placement](#). Please review and let me know if you have any other questions.

Thanks,

### Approval

Congratulations on your upcoming new arrival. You indicated that you would like to take medical leave because of the expected birth of your child from approximately [Start Date] to [End Date].

Please login to the [FMLA & Medical Leave system](#) to:

- View the status and details of your approved request.
- View/download all documents associated with your request, including your Eligibility and Designation Notices.
- Request a modification or extension to your request, if applicable. See page 3 of the [FMLA System Employee Quick Guide](#)

Here is some additional information and instructions that pertain to your approved leave:

- **Absences.** You may use any accrued paid leave type or Leave without Pay (LWOP). Please note that use of LWOP impacts the number of sick leave hours earned and accrued annual leave, including legal holidays. These absences must also be entered as FMLA. This is a two-step process in PeopleSoft. Please refer to the [FMLA System Employee Quick Guide](#) for full instruction.
- **Insurance.** You will need to review ETF's web page for [Life Changes - Birth, Adoption, or Placement](#) about any changes that you will need to make to your insurances. Applications can be found [here](#).

Your insurance(s) will continue while you are on leave. If you are receiving a full or partial paycheck, your premiums will continue to be deducted from your paycheck.

Please contact [Agency/Region Benefits Contact] for questions about benefits or to discuss prepayment or personal check options for unpaid leaves.

- **Other Considerations.** If you pay for parking and will be out for an extended period, you may also wish to contact your parking coordinator to discuss your options.

If you have questions or need assistance, please let me know. Thanks, and good luck with the new addition!

## Agency Designation

Congrats on the new addition! Did you know that having a baby/adopting is an FMLA Qualifying event? We, as your employer, are required to designate any leave, related to this reason, as FMLA for eligible employees, even if you are using paid time.

Here are parental leave benefits, you may be entitled to:

- Federal FMLA - up to 12 weeks\*
- Wisconsin FMLA - up to 6 weeks\*
- ER 18.14(2), Wis. Adm. Code - up to 6 months\*

\*All leave programs run concurrently. While these leave programs are technically unpaid, you may use any accrued leave balances, including sick leave.

Please login to the [FMLA & Medical Leave system](#) to:

- View the status and details of your current request.
- View/download all documents associated with your request, including your Eligibility and Designation Notices.
- Request a modification or extension to your request, if applicable. See page 3 of the [FMLA System Employee Quick Guide](#)

Here is some additional information and instructions that pertain to your designated leave:

- **Absences.** You may use any accrued paid leave type or Leave without Pay (LWOP). Please note that use of LWOP impacts the number of sick leave hours earned and accrued annual leave, including legal holidays. These absences must also be entered as FMLA. This is a two-step process in PeopleSoft. Please refer to the [FMLA System Employee Quick Guide](#) for full instruction.
- **Insurance.** You will need to review ETF's web page for [Life Changes - Birth, Adoption, or Placement](#) about any changes that you will need to make to your insurances. Applications can be found [here](#).

Your insurance(s) will continue while you are on leave. If you are receiving a full or partial paycheck, your premiums will continue to be deducted from your paycheck.

Please contact [Agency/Region Benefits Contact] for questions about benefits or to discuss prepayment or personal check options for unpaid leaves.

- **Other Considerations.** If you pay for parking and will be out for an extended period, you may also wish to contact your parking coordinator to discuss your options.

If you have questions or need assistance, please let me know. Thanks, and good luck with the new addition!

## FMLA Exhausted

This email is to inform you of the status of your leave and request additional information. Your FMLA entitlement for [year] [will exhaust/has exhausted] as of [Date]. Therefore, [you are no longer/will no longer be] protected under FMLA law.

If you are able to return to work, you must submit a Work Release. A work release must include: a return to work date, if there are any restrictions, and a next evaluation date. You may upload your work release directly in the [FMLA & Medical Leave system](#), or it may also be sent to the Medical Leave Coordinator by email [include email] or fax [include fax number].

If it is your intention to request an extension of leave, you must submit a Leave Without Pay (LWOP) Request with supporting medical documentation no later than [DATE].



Failure to submit this request will result in you being considered on unauthorized leave. Unauthorized leave may lead to discipline up to and including termination of employment.

Your next opportunity to re-apply for FMLA coverage, if needed, will be [DATE].

Further information on FMLA & Medical Leave can be found at [DPM's FMLA Toolkit](#) or [Agency/Region Intranet Site]. Please let me know if you have any other questions.

## Annual Recertification Email

### Send Annual Reminder - Mid November.

**Subject: [Year] FMLA Recertification**

**BCC: Report from FMLA System - Flagged for Annual Recertification**

You are receiving this email because you requested intermittent medical leave in [Year]. Because FMLA is approved on a calendar year basis, if you will continue to need leave for medical purposes, please submit a new request and Medical Certification (completed by a health care provider) for each qualifying medical condition and for each qualifying person.

Please login to the [FMLA & Medical Leave system](#) to:

1. Submit your request(s).
2. Upload the completed Certification of Health Care Provider ([Employee](#) or [Family Member](#)). These may also be sent directly your Medical Leave Coordinator by email or fax.

See the [FMLA System Employee Quick Guide](#) for step by step FMLA Application instructions. If you no longer have a need for FMLA, please respond to this email indicating that you will not be applying for FMLA.

Thanks,

## FMLA System and Audit Templates

### Draft Status

In an audit of the FMLA System, you are currently showing a request in "Draft" status indicating your request has not been submitted. If you are not ready to submit yet, then you may disregard this notice. However, if you are ready to submit your request, please complete the following:

- Log into the [FMLA & Medical Leave system](#)
- Select your "Draft" status request
- Review the information for accuracy.
- On the "Review and Submit" screen, scroll to the bottom, enter your electronic signature, and click "Submit Request"

Your request can be submitted before you have obtained medical documentation. See the [FMLA System Employee Quick Guide](#) for step-by-step FMLA Application instructions. Please let me know if you have any questions or experience any issues.

Thanks!